

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER				
				3. SCHEDULE NUMBER				
<i>Read the Privacy Act Statement on the back of this form.</i>								
<b>CLAIMANT</b>	4. a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.		5. PAID BY			
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER					
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)								
DATE  19	Show appropriate code in col. (b):  C A - Local travel O B - Telephone or telegraph, or D C - Other expenses (itemized)  (a) (b) (c) FROM (d) TO			MILEAGE RATE ¢	AMOUNT CLAIMED			
	(Explain expenditures in specific detail.)			NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
If additional space is required continue on the back.		SUBTOTALS CARRIED FORWARD FROM THE BACK						
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ► \$				TOTALS				
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.  <i>Sign Original Only</i>				
<i>Sign Original Only</i>				DATE				
APPROVING OFFICIAL SIGN HERE ►		DATE		CLAIMANT SIGN HERE ► DATE				
9. This claim is certified correct and proper for payment.  <i>Sign Original Only</i>				11. CASH PAYMENT RECEIPT				
AUTHORIZED CERTIFYING OFFICER SIGN HERE ►		DATE		a. PAYEE (Signature)		b. DATE RECEIVED		
						c. AMOUNT \$		
				12. PAYMENT MADE BY CHECK NO.				

ACCOUNTING CLASSIFICATION

